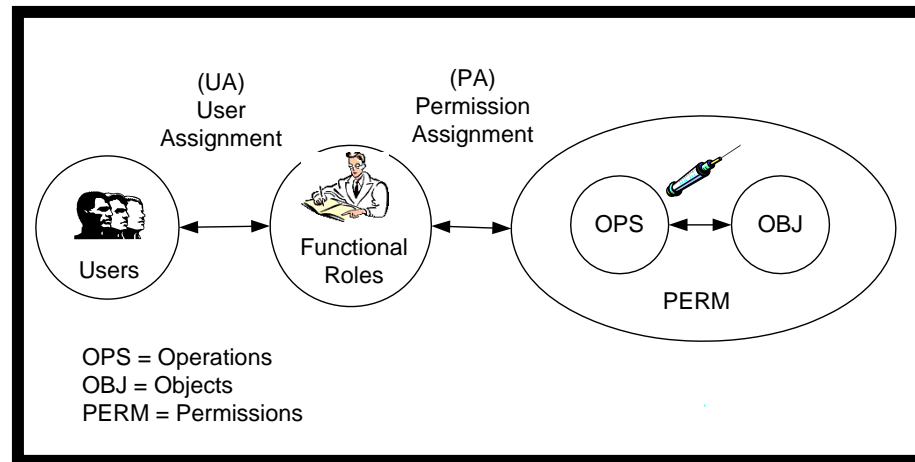


VHA

HEALTH INFORMATION
ARCHITECTURE

Role Standards in Healthcare



Purpose, Goals, Efforts
May 2004

Presentation Outline

- Background
- Purpose of the RBAC Task Force
- General Goals
- Specific Goal
- Scope
- Composition
- Role Engineering Process
- Work Products
- Status

Background

- “Access to information must... be controlled by the job assignment or function (i.e., the role) of the user who is seeking access.”
VHA AIS Security Handbook
- Role-based access control (RBAC) is particularly useful in healthcare environments with user roles and access requirements.
- Roles and permissions must be defined before RBAC can be used on an enterprise basis.

Purpose of RBAC Task Force

- Define a set of standard healthcare access control tasks and operations.
- Identify healthcare permissions needed to conduct tasks and operations.
- Lay groundwork for work within Standards Development Organizations (SDO) to define standard permission building blocks for constructing standard healthcare roles.

General Goals

- Support interoperability for DoD, VA, Kaiser Permanente, Indian Health Services, their healthcare and non-healthcare partners, and information accessibility on a “need-to-know” basis.
- Subsequently achieve international consensus on a set of standard healthcare permissions.
- Establish a mechanism for scalable management of user permissions in the form of a list of roles and tasks (role-based access), and then provide that list to system access control and authorization services.

Specific Goal

- Present and promote the list of healthcare access control tasks and operations to SDOs for creation of a proposed RBAC standard for international use within the healthcare community.

Scope

- Identify a complete and consistent set of interoperable healthcare access permissions consisting of operations on objects.

Note: The mapping of standard permissions to specific functional role definitions will be developed by individual enterprise task forces from the participating healthcare organizations.

Composition

Healthcare RBAC Task Force Core Members:

- Department of Defense (DoD)
- Department of Veteran Affairs (VA)
- Indian Health Service (IHS)
- Kaiser Permanente (KP)

SDO Advisory Members:

- Health Level Seven (HL7)
- American Society for Testing & Materials (ASTM)
- National Institute of Standards & Technology (NIST)

Role Engineering Process

1. Identify and Model Usage Scenarios
2. Derive Permissions
3. Identify Permission Constraints (SDOs only)
4. Refine Scenario Model
5. Define Tasks and Work Profiles
6. Derive Preliminary Role-hierarchy (SDOs only)
7. Define RBAC Model (SDOs only)

The RBAC Role Engineering Process is based on "*A Scenario-driven Role Engineering Process for Functional RBAC Roles*" by Gustaf Neumann & Mark Strembeck

Note: The Healthcare RBAC Task Force carries out all of the role engineering process steps, excluding those labeled "SDOs only."

Work Products

Work Product Input:

- Existing standards components (e.g., HL7 RIM, HL7 Storyboards)
- System access patterns

Work Product Output:

- Healthcare workflows
- Scenarios
- Tasks
- Permission catalogs

Status

- Completed draft documents are ready for SDO review:
 - RBAC Task Force Role Engineering Process
 - RBAC Task Force Charter
 - Enterprise RBAC Task Force Charter
- Other groups have expressed interest in participating:
 - Healthcare organizations
 - SDOs